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RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

E-filing

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

Alvin Flowers

Plaintiff,

vs.

Michael Evans

Defendant.

CASE NO. _____

PRISONER'S
APPLICATION TO PROCEED **JF**
IN FORMA PAUPERIS **(PR)**

I, Alvin Flowers, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes _____ No ☒

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: 0 Net: 0

Employer: N/A

1 If the answer is "no," state the date of last employment and the amount of the gross and net
 2 salary and wages per month which you received. (If you are imprisoned, specify the last
 3 place of employment prior to imprisonment.)

4 _____
 5 _____
 6 _____

7 2. Have you received, within the past twelve (12) months, any money from any of the
 8 following sources:

- 9 a. Business, Profession or Yes ____ No ☒
 10 self employment
 11 b. Income from stocks, bonds, Yes ____ No ☒
 12 or royalties?
 13 c. Rent payments? Yes ____ No ☒
 14 d. Pensions, annuities, or Yes ____ No ☒
 15 life insurance payments?
 16 e. Federal or State welfare payments, Yes ____ No ☒
 17 Social Security or other govern-
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
 20 received from each.

21 N/A
 22 _____

23 3. Are you married? Yes ____ No ☒

24 Spouse's Full Name: N/A

25 Spouse's Place of Employment: N/A

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ 0 Net \$ 0

28 4. a. List amount you contribute to your spouse's support: \$ 0

5 N/A

6

7 5. Do you own or are you buying a home? Yes ☐ No ☒

8 Estimated Market Value: \$_____ Amount of Mortgage: \$_____

9 6. Do you own an automobile? Yes No ✓

10 Make Year Model

11 Is it financed? Yes _____ No If so, Total due: \$

12 Monthly Payment: \$ N/A

13. 7. Do you have a bank account? Yes ☐ No ☒ (Do not include account numbers.)

14 Name(s) and address(es) of bank: RJ/A

15 _____

16 Present balance(s): \$ 0

17 Do you own any cash? Yes ☐ No ☒ Amount: \$ _____

18 Do you have any other assets? (If "yes," provide a description of each asset and its estimated
19 market value.) Yes No ✓

20

21 8. What are your monthly expenses?


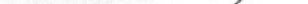
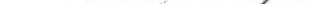
22 Rent: \$ ~~0~~ Utilities: ~~0~~

23 Food: \$ 0 Clothing: 0

24	Charge Accounts:
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25	<u>Name of Account</u>	<u>Monthly Payment</u>	<u>Total Owed on This Acct.</u>
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26 _____ \$ _____ \$ _____

27.  \$  \$ 

28  \$  \$ 

1 9. Do you have any other debts? (List current obligations, indicating amounts and to
2 whom they are payable. Do not include account numbers.)

3 N/A
4 _____

5 10. Does the complaint which you are seeking to file raise claims that have been presented
6 in other lawsuits? Yes ___ No ✓

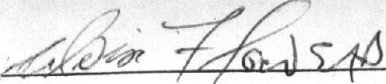
7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
8 which they were filed.

9 N/A
10 _____

11 I consent to prison officials withdrawing from my trust account and paying to the court
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and
14 understand that a false statement herein may result in the dismissal of my claims.

15
16 12/11/07
17 DATE

18 
19 SIGNATURE OF APPLICANT
20
21
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25
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28

Case Number: _____

CERTIFICATE OF FUNDS
IN
PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of Alvin Flowers for the last six months
[prisoner name]
S.V.S.P. where (s)he is confined.
[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ _____ and the average balance in the prisoner's account each month for the most recent 6-month period was \$ _____.

Dated: _____

[Authorized officer of the institution]

Alvin Flowers T-8333
Salinas Valley State Prison
Fae B - 85 - 131
P.O. Box 1050
Soledad, Ca. 93960-1050



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